

one assistant making counter-traction and another pulling downward and backward by means of a hitch around the foot. Dupuytren's splint was not well borne; strips of wood were applied along the leg, cotton around the joint; a circular bandage and ice bags completed the dressing. Eleven days after foot was found slightly flexed toward the fibula, otherwise in a normal position; the extravasation was absorbed; at the end of the internal malleolus there was a sharp and horizontal bony projection; slight swelling around the external malleolus. Joint free from pain on pressure and passive motion. A plaster-of-Paris bandage was applied and removed in six weeks. Complete normal function.

II. *External Vertical Luxation of Patella*.—Miss H. S., seventeen years of age, stopped in the middle of a dance with a cry of pain, and was carried to bed. The left patella was found standing on the inner condyle of the femur, with its articular surface looking inward. It was easily reduced by flexion of the hip joint, over-extension of the knee joint and manipulation of the patella. The method by which it originated is interesting. It took place during a dance, performed in the ordinary "tempo." It was a polka-mazurka, and the injury occurred, after the foot had been thrown forward and was placed upon the floor again, hence from muscular contraction alone. This form of luxation is said to occur most easily when the leg is slightly flexed, and at the same time in abduction and supination. There was no genu-valgum nor anything else abnormal, though the patella was somewhat easily movable. — *Norsk Magazin for Saegevidenskaben*, p. 178-180, 1892.

FRANK H. PRITCHARD (Norwalk, Ohio).

The Management of Suppuration Complicating Tuberculous Disease of the Bones and Joints. By VIRGIL P. GIBNEY, M.D. (New York). The author acknowledges that notwithstanding a large proportion of tuberculous disease of bones and joints can be conducted to a cure without suppuration, though appropriate protective appliances early used and intelligently maintained, yet it is just as

true that there are cases which, though taken in the very early stage, with the most approved forms of apparatus, and with the most skillful men in charge of them, do go on to suppuration in spite of all that can be done. His conclusions are summarized as follows:

(1) Protect the joint about which the bone lesion exists in the early stage and in the later stages, whether the abscess is let alone, aspirated or incised.

(2) In cases where the suppurative process is confined to a small area, it is good surgery to leave the small abscesses alone if the protective appliance is adequate.

(3) It is good practice to aspirate where the abscess is in the way of the proper adjustment of apparatus, and by such procedure one may expect good results in at least 50 per cent. of the cases aspirated.

(4) The simple incision of an abscess dependent upon bone disease depends for good results upon the extent of the bone lesion.

(5) Excision of the hip is not a measure to be employed in all cases where extensive suppuration exists, but must depend largely upon the condition of the patient and the location and extent of abscesses.

(6) Expectant treatment for the knee and ankle joint in children yields the best results for life and limb.

(7) Amputation of the ankle in a child is rarely ever justifiable except when amyloid disease of liver or kidneys threatens or is present; of a hip after a thorough excision has failed.

(8) The long-continued employment of a good fitting splint to the back in Pott's disease of the spine will yield better results than any operative procedures on the bones with which I am familiar.—*Proceedings of New York State Medical Society*—Author's Abstract.

EXTREMITIES.

Amputation of the Arm in an Hæmophiliac. By L. S. PILCHER (Brooklyn). The patient was a man, aged thirty-three, a recognized bleeder, who belonged to a family of bleeders, a maternal